

1 **COHEN-JOHNSON, LLC**
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9 *Attorney for Defendants*

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UNITED STATES DISTRICT COURT

DISTRICT OF NEVADA

WINDMILL & EASTERN, LLC, a Nevada
limited liability company,

Case No.: 2:11-cv-01082-LDG-PAL

Plaintiff,

v.

SIMON SHAKIB, an individual and as the
trustee of the Nevada K, LLC Defined Pension
Plan; ZANNA SHAKIB, an individual and as the
trustee of the Nevada K, LLC Defined Pension
Plan; NEVADA K, LLC, a Nevada limited
liability company, and DOES I through X; and
ROE ENTITIES I through X, inclusive,

Defendants.

**DEFENDANT'S ERRATA TO THEIR MOTION TO SUPPLEMENT THEIR PRIOR
OPPOSITION TO MOTION FOR SUMMARY JUDGMENT AND COUNTERMOTION
FOR SUMMARY JUDGMENT**

Defendants, by and through their counsel of record, H. Stan Johnson, Esq., of Cohen-Johnson, LLC, hereby file this ERRATA to their Motion to Supplement their Prior Opposition to Motion for Summary Judgment and Countermotion for Summary Judgment.

This Errata includes 9 of Exhibit 1 to MOTION To File Additional Supplement to Prior Opposition re Brief, by Defendant Nevada K, LLC., which was previously submitted without Exhibit 9 to Exhibit 1.

1 Dated this 17th day of March, 2014.

2 COHEN-JOHNSON, LLC

3
4 By: /s/ H. Stan Johnson
5 H. STAN JOHNSON, ESQ.
6 Nevada Bar No.: 0265
7 255 Ea. Warm Springs Road, Suite 100
8 Las Vegas, Nevada 89119
9 *Attorney for Plaintiffs*

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CERTIFICATE OF SERVICE

I hereby certify that on the 17th day of March, 2014 I served a copy of the foregoing Defendant's ERRATA to their Motion to Supplement their Prior Opposition to Motion for Summary Judgment and Countermotion for Summary Judgment by Electronic Service pursuant to FRCP 5(b)(3) and LR 5-4 via the court's Case Management and Electronic Case Filing system (CM/ECF) and upon each of the parties by depositing a copy of the same in a sealed envelope in the United States Mail, Las Vegas, Nevada, First-Class Postage fully prepaid, and addressed to:

Doreen Spears Hartwell, Esq.
Lionel Sawyer & Collins
1700 Bank of America Plaza
300 South Fourth Street
Las Vegas, Nevada 89101
Attorneys for Plaintiff

and that there is a regular communication by mail between the place of mailing and the places so addressed.

/s/ Kelly J. Montgomery
Kelly J. Montgomery, an employee of Cohen-Johnson,
LLC

COHEN-JOHNSON, LLC
255 E. Warm Springs Road, Suite 100
Las Vegas, Nevada 89119
(702) 823-3500 FAX: (702) 823-3400

Exhibit 9

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2006 and ending 12/31/2006	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a multiple-employer plan; or <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description) _____

Part II Basic Plan Information —enter all requested information	
1a Name of plan NEVADA K, LLC DEFINED BENEFIT PENSION PLAN	1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 01/01/2004
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) NEVADA K, LLC 9517 CAMINO CAPISTRANO LANE LAS VEGAS NV 89147	2b Employer Identification Number (EIN) 20-2378534 2c Sponsor's telephone number 702-303-6363 2d Business code (see instructions) 531390

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			SIMON K. SHAKIB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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Form 5500 (2010)
v.092307.1

Form 5500 (2010)

Page 2

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME		3b Administrator's EIN 20-2378534 3c Administrator's telephone number 702-303-6363
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	3
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
a Active participants.....	6a	3
b Retired or separated participants receiving benefits.....	6b	C
c Other retired or separated participants entitled to future benefits.....	6c	C
d Subtotal. Add lines 6a, 6b, and 6c.....	6d	3
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	C
f Total. Add lines 6d and 6e.....	6f	2
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	C
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(1) <input type="checkbox"/> H (Financial Information) (2) <input checked="" type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

SCHEDULE I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form Is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2006 and ending 12/31/2006

A Name of plan NEVADA K, LLC DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 NEVADA K, LLC	D Employer Identification Number (EIN) 20-2378534	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

		(a) Beginning of Year	(b) End of Year
1 Plan Assets and Liabilities:			
a Total plan assets	1a	424095	640019
b Total plan liabilities	1b	0	0
c Net plan assets (subtract line 1b from line 1a)	1c	424095	640019
2 Income, Expenses, and Transfers for this Plan Year:			
a Contributions received or receivable:			
(1) Employers	2a(1)	209894	
(2) Participants	2a(2)	0	
(3) Others (including rollovers)	2a(3)	0	
b Noncash contributions	2b	0	
c Other income	2c	6030	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		215924
e Benefits paid (including direct rollovers)	2e	0	
f Corrective distributions (see instructions)	2f	0	
g Certain deemed distributions of participant loans (see instructions)	2g	0	
h Administrative service providers (salaries, fees, and commissions)	2h	0	
i Other expenses	2i	0	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		0
k Net income (loss) (subtract line 2j from line 2d)	2k		215924
l Transfers to (from) the plan (see instructions)	2l		0

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities	3d		X	
e Participant loans	3e		X	

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Schedule I (Form 5500) 201
v.092308

Schedule I (Form 5500) 2010

Page 2-1

	Yes	No	Amount
3f Loans (other than to participants)		X	
g Tangible personal property		X	

Part II Compliance Questions

4 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
e Was the plan covered by a fidelity bond?		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2006</u> and ending <u>12/31/2006</u>		
A Name of plan NEVADA K, LLC DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 NEVADA K, LLC		D Employer Identification Number (EIN) 20-2378534

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

- 1** Total value of distributions paid in property other than in cash or the forms of property specified in the Instructions..... 1
- 2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): _____
 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.
- 3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

- 4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A
 If the plan is a defined benefit plan, go to line 8.
- 5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____
 If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.
- 6** **a** Enter the minimum required contribution for this plan year..... 6a
b Enter the amount contributed by the employer to the plan for this plan year..... 6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... 6c
 If you completed line 6c, skip lines 8 and 9.
- 7** Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☒ N/A
- 8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A

Part III Amendments

- 9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

- 10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No
- 11** **a** Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No
- 12** Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No

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Schedule R (Form 5500) 2010
v.092308.1

Schedule R (Form 5500) 2010

Page 2- **Part V Additional Information for Multiemployer Defined Benefit Pension Plans****13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.**a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): **a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): **a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): **a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): **a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): **a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

Schedule R (Form 5500) 2010

Page 3

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**SCHEDULE B
(Form 5500)**Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6058(a) of the Internal Revenue Code, referred to as the Code.

▶ Attach to Form 5500 or 5500-EZ if applicable.

▶ See separate instructions.

Official Use Only

OMB No. 1210-0110

2006This Form is Open to Public
Inspection (except when
attached to Form 5500-EZ).

For calendar plan year 2006 or fiscal plan year beginning and ending

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan NEVADA K, LLC DEFINED BENEFIT PENSION PLAN		B Three-digit plan number ... ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ NEVADA K, LLC		D Employer Identification Number 20-2378534
E Type of plan: (1) Multiemployer (2) <input checked="" type="checkbox"/> Single-employer (3) Multiple-employer	F <input checked="" type="checkbox"/> 100 or fewer participants in prior plan year	

Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: Month 01 Day 01 Year 2006	
b Assets:	
(1) Current value of assets	b(1) 424095
(2) Actuarial value of assets for funding standard account	b(2) 424095
c (1) Accrued liability for plans using immediate gain methods	
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	c(2)(a)
(b) Accrued liability under entry age normal method	c(2)(b) 817987
(c) Normal cost under entry age normal method	c(2)(c) 93789

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption used in combination represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).



Signature of actuary

PAUL S. POLAPINK

Type or print name of actuary

PRB ADMINISTRATORS INCORPORATED

Firm name

1925 CENTURY PARK E., 4TH FLOOR
LOS ANGELES CA 90067-0000

Address of the firm



Date

G 05-00933

Most recent enrollment number

310-551-3125

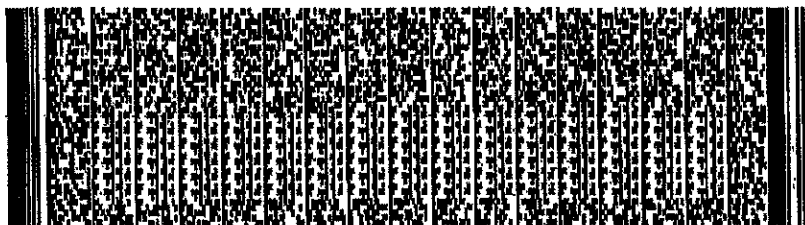
Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions. ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500 or 5500-EZ.

v8.0

Schedule B (Form 5500) 2006



Schedule B (Form 5500) 2006

Page 2

Official Use Only

1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) . .	d(1)	0
(2) "RPA '94" information:		
(a) Current liability	d(2)(a)	427880
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	213834
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	
(3) Expected plan disbursements for the plan year	d(3)	0

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions) **2a** 424095

b "RPA '94" current liability:

	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments	0	0	0
(2) For terminated vested participants	0	0	0
(3) For active participants	2	427880	427880
(4) Total	2	427880	427880

c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage. **2c** %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
09/12/2007	209894				
3 Totals ▶ (b)				209894	(c) 0

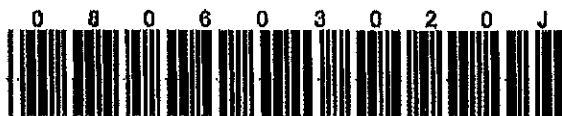
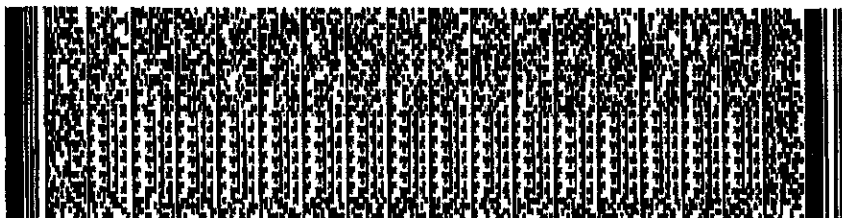
4 Quarterly contributions and liquidity shortfall(a):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions). **4a** 101.0 %

b If line 4a is less than 100%, see instructions, and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

V9.0



Schedule B (Form 6500) 2006

Page 3

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- 5 Actuarial cost method used as the basis for this plan year's funding standard account computation:
- a ☐ Attained age normal b ☐ Entry age normal c ☐ Accrued benefit (unit credit)
- d ☐ Aggregate e ☐ Frozen initial liability f ☐ Individual level premium
- g ☒ Individual aggregate h ☐ Other (specify) _____
- i Has a change been made in funding method for this plan year? ☐ Yes ☒ No
- j If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☐ Yes ☐ No
- k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method Month Day Year

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** 5.19 % ☐ N/A

b Weighted average retirement age **6b** 65 ☐ N/A

c Rates specified in insurance or annuity contracts.. ☐ N/A **6c** Pre-retirement Post-retirement ☐ N/A

d Mortality table code for valuation purposes:

(1) Males **d(1)** 0 9 ☐ N/A

(2) Females **d(2)** 0 9 ☐ N/A

e Valuation liability interest rate ☐ N/A **6e** 5.00 % 5.50 % ☐ N/A

f Expense loading ☒ N/A **6f** % % ☒ N/A

g Annual withdrawal rates:

(1) Age 25 **g(1)** U 0.00 % U 0.00 % ☐ N/A

(2) Age 40 **g(2)** U 0.00 % U 0.00 % ☐ N/A

(3) Age 55 **g(3)** U 0.00 % U 0.00 % ☐ N/A

h Salary scale ☒ N/A **6h** % % ☒ N/A

i Estimated investment return on actuarial value of assets for year ending on the valuation date **6i** 0.0 %

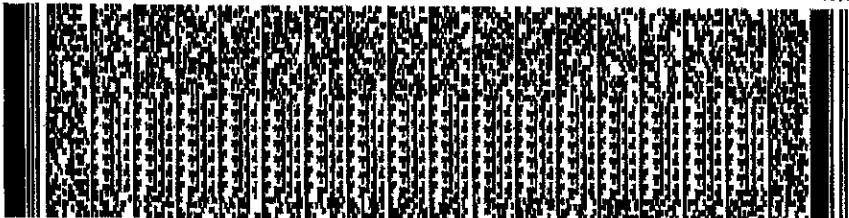
j Estimated investment return on current value of assets for year ending on the valuation date **6j** 0.0 %

7 New amortization bases established in the current plan year:

(1) Type of Base (2) Initial Balance (3) Amortization Charge/Credit

- 8 Miscellaneous information:
- a If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval Month Day Year

v8.0



Schedule B (Form 5500) 2006

Page 4

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8b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶

c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule ☐ Yes ☒ No

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	198952
c Amortization charges as of valuation date:		
(1) All bases except funding waivers	Outstanding Balance	
▶ (\$ 0)	c(1)	0
(2) Funding waivers	▶ (\$ 0)	c(2)
▶ (\$ 0)	c(2)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	10942
e Additional interest charge due to late quarterly contributions, if applicable	9e	
f Adjusted additional funding charge from Part II, line 12g, if applicable	<input checked="" type="checkbox"/> N/A 9f	
g Total charges. Add lines 9a through 9f	9g	209894

Credits to funding standard account:

h Prior year credit balance, if any	9h	0
i Employer contributions. Total from column (b) of line 3.	9i	209894
j Amortization credits as of valuation date	Outstanding Balance	
▶ (\$ 0)	9j	0
k Interest as applicable to end of plan year on lines 9h, 9i, and 9j	9k	0
l Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	l(1)	514503
(2) "RPA '94" override (90% current liability FFL)	l(2)	160097
(3) FFL credit	l(3)	0
m (1) Waived funding deficiency	m(1)	0
(2) Other credits	m(2)	0
n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)	9n	209894
o Credit balance: If line 9n is greater than line 9g, enter the difference	9o	0
p Funding deficiency: If line 9g is greater than line 9n, enter the difference	9p	0

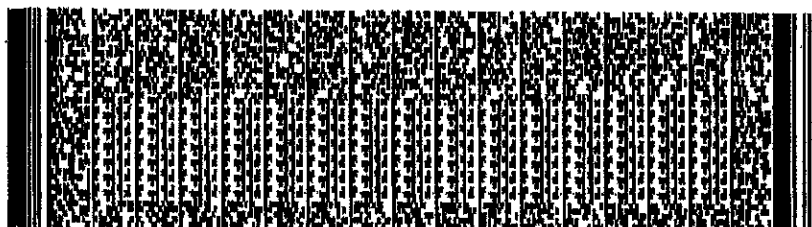
Reconciliation account:

q Current year's accumulated reconciliation account:		
(1) Due to additional funding charges as of the beginning of the plan year	q(1)	0
(2) Due to additional interest charges as of the beginning of the plan year	q(2)	0
(3) Due to waived funding deficiencies:		
(a) Reconciliation outstanding balance as of valuation date	q(3)(a)	0
(b) Reconciliation amount. Line 9o(2) balance minus line 9q(3)(a)	q(3)(b)	0
(4) Total as of valuation date	q(4)	0

10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☐ Yes ☒ No

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ACTUARIAL REPORT

Schedule B Attachment for Items 5 & 6

EIN: 20-2378534

Plan: Nevada K, LLC Defined Benefit Pension Plan

RESULTS OF ACTUARIAL VALUATION AND ACTUARIAL CERTIFICATION

This Actuarial Valuation Report covers the Plan Year which ended December 31, 2006.

An actuarial valuation of the above pension plan has been completed based on the assumption that the financial and employee census data provided by the Plan Administrator are complete and accurate and also based on the actuarial funding method, assumptions and other data set forth in this report.

This report contains exhibits of descriptive material concerning plan provisions, funding methods and assumptions, and other pertinent factors underlying the determination of contribution levels and plan liabilities as well as exhibits of the various actuarial computations made in support of the determination of the contributions. An actual copy of IRS Form 5500 Schedule B is included in this Report.

In my opinion, the assumptions used in the aggregate (a) are reasonably related to the experience of the plan and to reasonable expectations, and (b) represent my best estimate of anticipated experience under the plan.

Name: Paul S. Polapink

Enrollment Number: 05-00933

Address: PRB Administrators, Inc.

1925 Century Park East, 4th Floor

Los Angeles, California 90067

Date Prepared: Oct. 6, 2007

Nevada K, LLC
Nevada K, LLC Defined Benefit Pension Plan
Plan Specifications Report
Valuation as of 01/01/2006 for the Plan Year Ending 12/31/2006

Employer and Plan Data

Initial effective date	01/01/2004
Plan year begins	01/01/2006
Plan year ends	12/31/2006
Valuation date	01/01/2006

Eligibility Requirements

Waiting period (mos)	12
Minimum age	21
Minimum age (mos)	0

Normal Retirement

Minimum age	65
Minimum years of service	0
Minimum years of participation	5
Retirement date	Date of event

Benefits

Pension Formula:	Benefit A
Type of Formula:	Unit benefit non-integrated
Effective Date:	01/01/2004

Unit type:	Percent	
Unit based on:	Participation	
Maximum total percent:	0.00%	
Tiers based on:	None	
First tier:	10.00%	for 1st None
Second tier:	None	for next None
Third tier:	None	for remaining yrs

Maximum credit:	
Past years:	99
Future years:	99
Total years:	99

Vesting

Primary	Secondary
<u>Vesting Schedule</u>	<u>Vesting Schedule</u>
2/20	N/A

Actuarial Assumptions

	<u>Pre-retirement</u>	<u>Post-retirement</u>
<u>Interest</u>	5.50%	5.50%

Mortality & Setbacks

Male	None	0	94 GAR	0
Female	None	0	94 GAR	0

Salary Scale

Male	0.00%
Female	0.00%

Funding Method

Individual aggregate
Level percent of compensation

Withdrawal

Male	None
Female	None

Form of Annuity

Life only
COLA 0.00%

Nevada K, LLC
Nevada K, LLC Defined Benefit Pension Plan
Plan Specifications - Actuarial Equivalent & Social Security Report
Valuation as of 01/01/2006 for the Plan Year Ending 12/31/2006

08/30/2007

Actuarial equivalent floor

Basis for PVAB: Greater of applicable or AE
 As of: Beginning of year
 PBGC used: None
 Applicable Mortality: 94 GAR
 Stability period: Plan year
 Lookback months: 1
 Applicable interest: 4.65%
 Applicable rate override: 0.00%
 Projected applicable rate: 0.00%

Benefit Options

Postponed benefits & 415 limits include mortality: No
 Benefit suspension notice was given to actives past normal retirement: No
 Early retirement benefit available as lump sum: No

Assumptions

PBGC premium: 4.86%
 RPA limited to: 90.00%

Pre-Retirement: 5.19%
 Override: 0.00%
 Post-Retirement: 5.19%
 Override: 0.00%
 High: 5.77%
 Override: 0.00%

RPA mortality

Active male: 1983 Group Annuity (Male)
 Active female: 1983 Group Annuity (Female)
 Disabled male: None
 Disabled female: None

Expected distributions
 (assumed midyear): \$ 0

Social Security

Growth rate future salary
 Male: 0.00%
 Female: 0.00%
 Growth rate average earnings index: 0.00%
 Taxable wage base increase: 0.00%
 CPI rate: 0.00%
 Index year (if frozen): None
 PIA year (if frozen): None
 Use historical compensation: Yes
 Estimate of prior salary: Salary/average earnings
 Fixed growth rate: Salary/average earnings
 Earnings for retirees <65: Level
 Earnings for terminees: Level

Pension funding

0.00%
 0.00%
 0.00%
 0.00%
 0.00%
 None
 None
 Yes
 Salary/average earnings
 Level
 Level

Benefit statement

0.00%
 0.00%
 0.00%
 0.00%
 0.00%
 0
 0
 Yes
 Salary/average earnings
 Level
 Level

Nevada K, LLC
Nevada K, LLC Defined Benefit Pension Plan
Plan Specifications - Settlement Options
Valuation as of 01/01/2006 for the Plan Year Ending 12/31/2006

Settlement Options

<u>Form of Annuity</u>	<u>Years Certain</u>	<u>Joint %</u>	<u>COLA</u>	<u>Availability</u>
Life Only	0	0.00%	0.00%	Normal, Termination
Joint and Survivor	0	50.00%	0.00%	Normal, Termination

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">➤ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description) _____

Part II Basic Plan Information—enter all requested information											
1a Name of plan NEVADA K. LLC DEFINED BENEFIT PENSION PLAN 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) NEVADA K, LLC 9517 CAMINO CAPISTRANO LANE LAS VEGAS NV 89147	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">1b Three-digit plan number (PN) ➤</td> <td style="padding: 5px; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="padding: 5px;">1c Effective date of plan 01/01/2004</td> </tr> <tr> <td colspan="2" style="padding: 5px;">2b Employer Identification Number (EIN) 20-2378534</td> </tr> <tr> <td colspan="2" style="padding: 5px;">2c Sponsor's telephone number 702-303-6363</td> </tr> <tr> <td colspan="2" style="padding: 5px;">2d Business code (see instructions) 531390</td> </tr> </table>	1b Three-digit plan number (PN) ➤	001	1c Effective date of plan 01/01/2004		2b Employer Identification Number (EIN) 20-2378534		2c Sponsor's telephone number 702-303-6363		2d Business code (see instructions) 531390	
1b Three-digit plan number (PN) ➤	001										
1c Effective date of plan 01/01/2004											
2b Employer Identification Number (EIN) 20-2378534											
2c Sponsor's telephone number 702-303-6363											
2d Business code (see instructions) 531390											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			SIMON K. SHAKIB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

Form 5500 (2010)

Page 2

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME		3b Administrator's EIN 20-2378534 3c Administrator's telephone number 702-303-6363
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	3
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
a Active participants.....	6a	3
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a, 6b, and 6c.....	6d	3
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e.....	6f	3
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1G 3D		

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input checked="" type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

SCHEDULE I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form Is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007		
A Name of plan NEVADA K, LLC DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEVADA K, LLC		D Employer Identification Number (EIN) 20-2378534

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	640019	659311
b Total plan liabilities	1b	0	0
c Net plan assets (subtract line 1b from line 1a)	1c	640019	659311
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	0	
(2) Participants	2a(2)	0	
(3) Others (including rollovers)	2a(3)	19292	
b Noncash contributions	2b	0	
c Other income	2c	0	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		19292
e Benefits paid (including direct rollovers)	2e	0	
f Corrective distributions (see instructions)	2f	0	
g Certain deemed distributions of participant loans (see instructions)	2g	0	
h Administrative service providers (salaries, fees, and commissions)	2h	0	
i Other expenses	2i	0	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		0
k Net income (loss) (subtract line 2j from line 2d)	2k		19292
l Transfers to (from) the plan (see instructions)	2l		0

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities	3d		X	
e Participant loans	3e		X	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

Schedule I (Form 5500) 201
v.092308

Schedule I (Form 5500) 2010

Page 2-

	Yes	No	Amount
3f Loans (other than to participants)		X	
g Tangible personal property		X	

Part II Compliance Questions

4 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
e Was the plan covered by a fidelity bond?		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1510-0110 2010 This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007		
A Name of plan NEVADA K, LLC DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEVADA K, LLC		D Employer Identification Number (EIN) 20-2378534

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

- 1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... **1**
- 2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): _____
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.
- 3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

- 4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A
 If the plan is a defined benefit plan, go to line 8.
- 5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____
 If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.
- | | | |
|---|-----------|--|
| 6 a Enter the minimum required contribution for this plan year | 6a | |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | 6c | |
- If you completed line 6c, skip lines 8 and 9.
- 7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☒ N/A
- 8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A

Part III Amendments

- 9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

- 10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No
- 11 a** Does the ESOP hold any preferred stock? ☐ Yes ☐ No
- b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No
- 12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

Schedule R (Form 5500) 2010

Page 2- **Part V Additional Information for Multiemployer Defined Benefit Pension Plans****13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.**a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):**a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):**a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):**a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):**a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):**a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

Schedule R (Form 5500) 2010

Page 3

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**SCHEDULE B
(Form 5500)**Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ Attach to Form 5500 or 5500-EZ if applicable.

▶ See separate instructions.

Official Use Only

OMB No. 1210-0110

2007This Form is Open to Public
Inspection (except when
attached to Form 5500-EZ).

For calendar plan year 2007 or fiscal plan year beginning _____ and ending _____

▶ Round off amounts to nearest dollar.

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan NEVADA K, LLC DEFINED BENEFIT PENSION PLAN		B Three-digit plan number ... ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ NEVADA K, LLC		D Employer Identification Number 20-2378534	
E Type of plan: (1) <input type="checkbox"/> Multiemployer (2) <input checked="" type="checkbox"/> Single-employer (3) <input type="checkbox"/> Multiple-employer	F <input checked="" type="checkbox"/> 100 or fewer participants in prior plan year		

Basic Information (To be completed by all plans)**1a** Enter the actuarial valuation date: Month 01 Day 01 Year 2007**b** Assets:

(1) Current value of assets	b(1)	640019
(2) Actuarial value of assets for funding standard account	b(2)	640019
c (1) Accrued liability for plans using immediate gain methods	c(1)	
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	c(2)(a)	
(b) Accrued liability under entry age normal method	c(2)(b)	436862
(c) Normal cost under entry age normal method	c(2)(c)	42596

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption used in combination represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

*Robin Read*

Signature of actuary

10-6-2008

Date

ROBIN READ

G 08-03782

Type or print name of actuary

Most recent enrollment number

PRB ADMINISTRATORS INCORPORATED

818-735-4900

Firm name

Telephone number (including area code)

28025 DOROTHY DRIVE, SUITE 102

AGOURA HILLS

CA

91301-2638

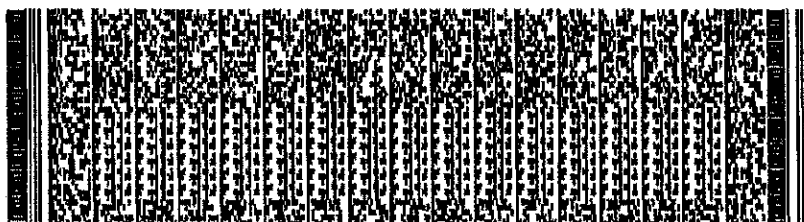
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions. ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-EZ.

v10.1

Schedule B (Form 5500) 2007





Schedule B (Form 5500) 2007

Page 3

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5 Actuarial cost method used as the basis for this plan year's funding standard account computation:

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☐ Accrued benefit (unit credit)

d ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium

g ☒ Individual aggregate **h** ☐ Other (specify) _____

i Has a change been made in funding method for this plan year? ☐ Yes ☒ No

j If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☐ Yes ☐ No

k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method Month Day Year

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '84" current liability **6a** 5.78 % ☐ N/A

b Weighted average retirement age **6b** 66 ☐ N/A

c Rates specified in insurance or annuity contracts .. ☐ N/A **6c** Pre-retirement Post-retirement ☐ Yes ☒ No ☐ Yes ☒ No ☐ N/A

d Mortality table code for valuation purposes:

(1) Males **d(1)** 0 A

(2) Females **d(2)** 0 A

e Valuation liability interest rate ☐ N/A **6e** 5.50 % 5.50 % ☐ N/A

f Expense loading ☒ N/A **6f** % % ☒ N/A

g Annual withdrawal rates:

(1) Age 25 **g(1)** 0 0.00 % 0 0.00 %

(2) Age 40 **g(2)** 0 0.00 % 0 0.00 %

(3) Age 65 **g(3)** 0 0.00 % 0 0.00 %

h Salary scale ☒ N/A **6h** % % ☒ N/A

i Estimated investment return on actuarial value of assets for year ending on the valuation date **6i** 1.1 %

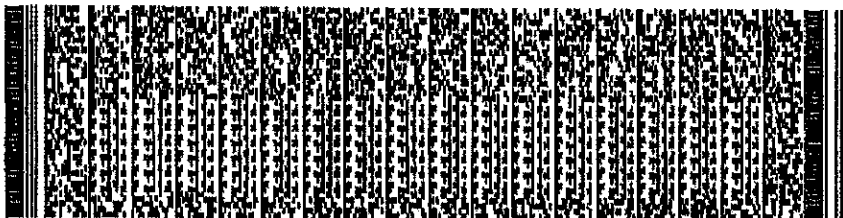
j Estimated investment return on current value of assets for year ending on the valuation date .. **6j** 1.1 %

7 New amortization bases established in the current plan year:

(1) Type of Base (2) Initial Balance (3) Amortization Charge/Credit

8 Miscellaneous information:

a If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval Month Day Year



Schedule B (Form 5500) 2007

Page 4

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8b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions: ▶

c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule ☐ Yes ☒ No

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	0
c Amortization charges as of valuation date:		
(1) All bases except funding waivers	▶ (\$ 0)	c(1) 0
(2) Funding waivers	▶ (\$ 0)	c(2) 0
d Interest as applicable on lines 9a, 9b, and 9c	9d	0
e Additional interest charge due to late quarterly contributions, if applicable	9e	0
f Adjusted additional funding charge from Part II, line 12g, if applicable	<input checked="" type="checkbox"/> N/A	9f
g Total charges. Add lines 9a through 9f	9g	0

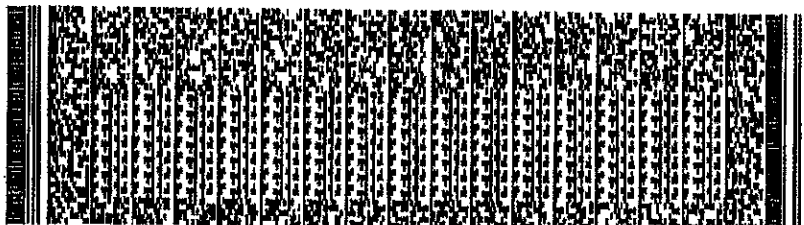
Credits to funding standard account:

h Prior year credit balance, if any	9h	0
i Employer contributions. Total from column (b) of line 3	9i	0
j Amortization credits as of valuation date	▶ (\$ 0)	9j 0
k Interest as applicable to end of plan year on lines 9h, 9i, and 9j	9k	0
l Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	l(1) 0	
(2) "RFA '94" override (90% current liability FFL)	l(2) 0	
(3) FFL credit	l(3)	0
m (1) Waived funding deficiency	m(1)	0
(2) Other credits	m(2)	0
n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)	9n	0
o Credit balance: If line 9n is greater than line 9g, enter the difference	9o	0
p Funding deficiency: If line 9g is greater than line 9n, enter the difference	9p	0

Reconciliation account:

q Current year's accumulated reconciliation account:		
(1) Due to additional funding charges as of the beginning of the plan year	q(1) 0	
(2) Due to additional interest charges as of the beginning of the plan year	q(2) 0	
(3) Due to waived funding deficiencies:		
(a) Reconciliation outstanding balance as of valuation date	q(3)(a) 0	
(b) Reconciliation amount. Line 9o(2) balance minus line 9q(3)(a)	q(3)(b) 0	
(4) Total as of valuation date	▶ q(4)	0
10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable	10	0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No



ACTUARIAL REPORT

Schedule B Attachment for Items 5 & 6

EIN: 20-2378534

Plan: Nevada K, LLC Defined Benefit Pension Plan

RESULTS OF ACTUARIAL VALUATION AND ACTUARIAL CERTIFICATION

This Actuarial Valuation Report covers the Plan Year, which ended December 31, 2007.

An actuarial valuation of the above pension plan has been completed based on the assumption that the financial and employee census data provided by the Plan Administrator are complete and accurate and also based on the actuarial funding method, assumptions and other data set forth in this report.

This report contains exhibits of descriptive material concerning plan provisions, funding methods and assumptions, and other pertinent factors underlying the determination of contribution levels and plan liabilities as well as exhibits of the various actuarial computations made in support of the determination of the contributions. An actual copy of IRS Form 5500 Schedule B is included in this Report.

In my opinion, the assumptions used in the aggregate (a) are reasonably related to the experience of the plan and to reasonable expectations, and (b) represent my best estimate of anticipated experience under the plan.

Name: Robin Read

Enrollment Number: 08-03782

Address: PRB Administrators, Inc.

28025 Dorothy Drive, Suite 102

Agoura Hills, California 91301

Date Prepared: 10-16-2008

Nevada K, LLC
Nevada K, LLC Defined Benefit Pension Plan
Plan Specifications Report
Valuation as of 01/01/2007 for the Plan Year Ending 12/31/2007

Employer and Plan Data

Initial effective date	01/01/2004
Plan year begins	01/01/2007
Plan year ends	12/31/2007
Valuation date	01/01/2007

Eligibility Requirements

Waiting period (mos)	12
Minimum age	21
Minimum age (mos)	0

Normal Retirement

Minimum age	65
Minimum years of service	0
Minimum years of participation	5
Retirement date	Date of event

Benefits

Pension Formula:	Benefit A
Type of Formula:	Unit benefit non-integrated
Effective Date:	01/01/2004

Unit type:	Percent
Unit based on:	Participation
Maximum total percent:	0.00%
Tiers based on:	None
First tier:	10.00%
Second tier:	None
Third tier:	None

for 1st	None
for next	None
for remaining yrs	

Maximum credit:	
Past years:	99
Future years:	99
Total years:	99

Vesting

Primary
Vesting Schedule
2/20

Secondary
Vesting Schedule
N/A

Actuarial Assumptions

<u>Interest</u>	<u>Pre-retirement</u>
	5.50%

<u>Post-retirement</u>
5.50%

Mortality & Setbacks

Male	None	0
Female	None	0

94 GAR	0
94 GAR	0

Salary Scale

Male	0.00%
Female	0.00%

Funding Method

Individual aggregate
Level percent of compensation

Withdrawal

Male	None
Female	None

Form of Annuity

Life only
COLA 0.00%

Nevada K, LLC
Nevada K, LLC Defined Benefit Pension Plan
Plan Specifications - Actuarial Equivalent & Social Security Report
Valuation as of 01/01/2007 for the Plan Year Ending 12/31/2007

10/06/2008

Actuarial equivalent floor

Basis for PVAB: Greater of applicable or AE
 As of: Beginning of year
 PBGC used: None
 Applicable Mortality: 94 GAR
 Stability period: Plan year
 Lookback months: 1
 Applicable interest: 4.68%
 Applicable rate override: 0.00%
 Projected applicable rate: 0.00%

Benefit Options

Postponed benefits & 415 limits include mortality: No
 Benefit suspension notice was given to actives
 past normal retirement: No
 Early retirement benefit available as lump sum: No

Assumptions

PBGC premium: 5.75%
 RPA limited to: 90.00%

Pre-Retirement: 5.20%
 Override: 5.78%
 Post-Retirement: 5.20%
 Override: 5.78%
 High: 5.78%
 Override: 0.00%

RPA mortality

Active male: 2007 Male Comb
 Active female: 2007 Female Comb
 Disabled male: None
 Disabled female: None

Expected distributions
 (assumed midyear): \$ 0

Social Security

Growth rate future salary
 Male: 0.00%
 Female: 0.00%
 Growth rate average earnings index: 0.00%
 Taxable wage base increase: 0.00%
 CPI rate: 0.00%
 Index year (if frozen): None
 PIA year (if frozen): None
 Use historical compensation: Yes
 Estimate of prior salary: Salary/average earnings
 Fixed growth rate: Salary/average earnings
 Earnings for retirees <65: Level
 Earnings for terminees: Level

Pension funding

0.00%
 0.00%
 0.00%
 0.00%
 0.00%
 None
 None
 Yes
 Salary/average earnings
 Level
 Level

Benefit statement

0.00%
 0.00%
 0.00%
 0.00%
 0.00%
 0
 0
 Yes
 Salary/average earnings
 Level
 Level

Nevada K, LLC
Nevada K, LLC Defined Benefit Pension Plan
Plan Specifications - Settlement Options
Valuation as of 01/01/2007 for the Plan Year Ending 12/31/2007

Settlement Options

<u>Form of Annuity</u>	<u>Years Certain</u>	<u>Joint %</u>	<u>COLA</u>	<u>Availability</u>
Life Only	0	0.00%	0.00%	Normal, Termination
Life and Certain	10	0.00%	0.00%	Normal, Termination
Joint and Contingent	0	50.00%	0.00%	Normal, Termination
Lump Sum	0	0.00%	0.00%	Normal, Termination
Joint and Survivor	0	100.00%	0.00%	Normal, Termination

PLAN SPECIFICATIONS (continued)

Collective Bargaining Groups: ☐ Are ☒ Are not excluded under the eligibility provisions of this plan.

Minimum Tefra Benefits: ☐ Are ☒ Are not included in the plan cost.
Only Key employee covered

Early Retirement Provisions: ☒ N/A ☐ Accrued Benefit fully vested
☐ Other: _____

Disability Provisions: ☐ N/A ☒ Accrued Benefit fully vested
☐ Other: _____

Death Benefit: ☒ Present Value of Accrued Benefit
☐ Combination of life insurance and investment fund proceeds

The benefits listed above were recognized in this valuation. These benefits are described more fully in the plan and trust documents.

FUNDING METHODS AND ASSUMPTIONS

The funding method used is Individual Aggregate Funding. Under this funding method, the normal cost is the sum of individual normal costs for each participant for whom a normal cost is determined. The normal cost for a participant is (a) the present value of future benefits less allocated assets, divided by (b) a temporary annuity factor from attained age to the anticipated retirement age.

In the first year the method is used, adjusted assets are allocated on the basis of the present value of accrued benefits, the present value of future benefits, or the accrued liability under a funding method of the immediate gain type.

After the first year the method is used, adjusted assets are allocated in the proportion that the sum of the allocated assets plus calculated normal cost of the prior year for each participant for whom a normal cost is computed bears to the total for all such participants. Gains and losses are amortized over the future working lifetime of plan participants.

Benefit changes attributable to unanticipated salary changes are funded from the time of benefit change to normal retirement age by adjusting the individual's present value of future benefits.

FUNDING METHODS AND ASSUMPTIONS (continued)

☒ Under the funding arrangement for this pension plan the plan benefits are provided by deposits to an investment fund.

☐ Under the funding arrangement for this pension plan, a portion of the plan benefit is provided by the cash values of insurance policies and/or annuity contracts and the balance of the plan benefit is provided by deposits to an investment fund.

☐ Benefits Provided by Trust & Whole Life/Annuity Products

The investment fund contribution will accumulate at the normal retirement dates to an amount which will be sufficient to provide the pension benefit when combined with the ultimate cash values of whole life insurance and/or annuity policies on the participants' lives. The total plan cost for the year is the sum of the investment fund contribution and the whole life insurance and/or annuity premiums due.

☐ Benefits Provided by Trust & Universal Life Products

The investment fund contribution is adjusted each year to reflect changes in the current value of universal life insurance contracts. The total plan cost for the year is the sum of the investment fund contribution plus a premium deposit, which is calculated to cover mortality and expense charges.

The value of the assets for the minimum funding standard account includes the current cash value of the universal life insurance contracts.

☐ Benefits Provided by Trust & Combination of Whole Life & Universal Life Products

The investment fund contribution will accumulate at the normal retirement dates to an amount will be sufficient to provide the pension benefit when combined with the ultimate cash values of whole life insurance and/or annuity policies on the participants' lives. The investment fund contribution is adjusted each year to reflect changes in the current value of universal life insurance contracts. The total plan cost for the year is the sum of the investment fund contribution, the whole life insurance and/or annuity premiums due plus a premium deposit which is calculated to cover mortality and expense charges applicable to universal life contracts.

The value of the assets for the minimum funding standard account excludes the current cash value of the whole life insurance and annuity contracts and includes the current cash value of universal life insurance contracts.

ADDITIONAL COMMENTS AND ADJUSTMENTS

Comments and adjustments to prior reports:

The plan is currently active.

Changes in actuarial assumptions and/or funding methods:

The current liability and mortality assumptions were updated to reflect the new range.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2010 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008			
A This return/report is for:	<input type="checkbox"/> a multiemployer plan;	<input type="checkbox"/> a multiple-employer plan; or	
	<input checked="" type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a DFE (specify) _____	
B This return/report is:	<input type="checkbox"/> the first return/report;	<input type="checkbox"/> the final return/report;	
	<input checked="" type="checkbox"/> an amended return/report;	<input type="checkbox"/> a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>		
D Check box if filing under:	<input type="checkbox"/> Form 5558;	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;
	<input type="checkbox"/> special extension (enter description) _____		

Part II Basic Plan Information—enter all requested information			
1a Name of plan	1b Three-digit plan number (PN) ▶	001	
NEVADA K, LLC DEFINED BENEFIT PENSION PLAN	1c Effective date of plan	01/01/2004	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	2b Employer Identification Number (EIN)	20-2378534	
NEVADA K, LLC	2c Sponsor's telephone number	702-303-6363	
9517 CAMINO CAPISTRANO LANE LAS VEGAS NV 89147	2d Business code (see instructions)	531390	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			SIMON K. SHAKIB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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Form 5500 (2010)
v.092307.1

Form 5500 (2010)

Page 2

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME		3b Administrator's EIN 20-2378534
		3c Administrator's telephone number 702-303-6363
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	3
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
a Active participants.....	6a	3
b Retired or separated participants receiving benefits.....	6b	C
c Other retired or separated participants entitled to future benefits.....	6c	C
d Subtotal. Add lines 6a, 6b, and 6c.....	6d	3
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	C
f Total. Add lines 6d and 6e.....	6f	3
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	C
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1G 3D		

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(1) <input type="checkbox"/> H (Financial Information) (2) <input checked="" type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

SCHEDULE I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008		
A Name of plan NEVADA K, LLC DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEVADA K, LLC		D Employer Identification Number (EIN) 20-2378534

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	659311	683337
b Total plan liabilities	1b	0	0
c Net plan assets (subtract line 1b from line 1a)	1c	659311	683337

2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	0	
(2) Participants	2a(2)	0	
(3) Others (including rollovers)	2a(3)	0	
b Noncash contributions	2b	0	
c Other income	2c	24026	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		24026
e Benefits paid (including direct rollovers)	2e	0	
f Corrective distributions (see instructions)	2f	0	
g Certain deemed distributions of participant loans (see instructions)	2g	0	
h Administrative service providers (salaries, fees, and commissions)	2h	0	
i Other expenses	2i	0	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		0
k Net income (loss) (subtract line 2j from line 2d)	2k		24026
l Transfers to (from) the plan (see instructions)	2l		0

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities	3d		X	
e Participant loans	3e		X	

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Schedule I (Form 5500) 201
v.092308

Schedule I (Form 5500) 2010

Page 2-1

	Yes	No	Amount
3f Loans (other than to participants)		X	
g Tangible personal property		X	

Part II Compliance Questions

4 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
e Was the plan covered by a fidelity bond?		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?.....		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2008</u> and ending <u>12/31/2008</u>		
A Name of plan NEVADA K, LLC DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 NEVADA K, LLC		D Employer Identification Number (EIN) 20-2378534

Part I Distributions	
All references to distributions relate only to payments of benefits during the plan year.	
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	<div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;">3</div> <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center; margin-left: 20px;">0</div>
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If the plan is a defined benefit plan, go to line 8.	
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year	<div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;">6a</div>
b Enter the amount contributed by the employer to the plan for this plan year	<div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;">6b</div>
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;">6c</div>
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

Part III Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No	

Part IV ESOPs (see instructions). If this is not a plan described under Section 408(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Schedule R (Form 5500) 2010
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Schedule R (Form 5500) 2010

Page 2- **Part V Additional Information for Multiemployer Defined Benefit Pension Plans****13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.**a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): **a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): **a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): **a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): **a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): **a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year **e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

Schedule R (Form 5500) 2010

Page 3

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **Attach to Form 5500 or 5500-EZ if applicable. (See instructions.)**

Official Use Only

OMB No. 1210-0110

2008**This Form is Open to
Public Inspection.**

For calendar plan year 2008 or fiscal plan year beginning

and ending

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

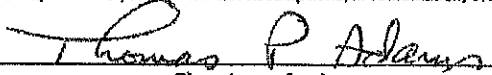
A Name of plan NEVADA K, LLC DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ NEVADA K, LLC		D Employer Identification Number (EIN) 20-2378534	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500			

Basic Information

1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2008</u>			
2 Assets:			
a Market value	2a	683337	
b Actuarial value	2b	683337	
3 Funding target/participant count breakdown		(1) Number of participants	
a For retired participants and beneficiaries receiving payment	3a	0	(2) Funding Target
b For terminated vested participants	3b	0	0
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		618930
(3) Total active	3c(3)	3	618930
d Total	3d	3	618930
4 If the plan is in at-risk status, check the box and complete lines 4a and 4b <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.09 %	
6 Target normal cost	6	0	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

		11/22/2011	
Signature of actuary		Date	
THOMAS P ADAMS		11-02031	
Type or print name of actuary		Most recent enrollment number	
ADAMS PENSION SERVICES		603-648-2545	
Firm name		Telephone number (including area code)	
812 BATTLE STREET			
WEBSTER NH 03303			
Address of the firm			

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions. ☐

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Schedule SB (Form 5500) 2008

Schedule SB (Form 5500) 2008

Page 2

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Part III Beginning of year carryover and prefunding balances (See Instructions.)

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	N/A	N/A
8 Portion used to offset prior year's funding requirement (line 35 from prior year)	N/A	N/A
9 Amount remaining (line 7 minus line 8)		N/A
10 Interest on line 9 using prior year's actual return of <u>N/A</u> %	N/A	N/A
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (line 38 from prior year)		N/A
b Interest on line 11a using prior year's effective rate of <u>N/A</u> %		N/A
c Total available at beginning of current plan year to add to prefunding balance		N/A
d Portion of line 11c to be added to prefunding balance		N/A
12 Reduction in balances due to elections or deemed elections		N/A
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	N/A

Part IV Funding percentages

14 Funding target attainment percentage	14	110.40 %
15 Adjusted funding target attainment percentage	15	110.40 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to offset current year's funding requirement	16	93.88 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part V Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19 Discounted employer contributions — see Instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	
b Contributions made to avoid benefit restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year?	Yes	<input checked="" type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	Yes	No
c If line 20a is "Yes," see Instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Schedule SB (Form 5500) 2008

Page 3

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Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:	1st segment:	2nd segment:	3rd segment:	<input type="checkbox"/> N/A, full yield curve used
a Segment rates:	5.76 %	6.10 %	6.25 %	
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed -- combined <input type="checkbox"/> Prescribed -- separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachments	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.	33	
34 Total funding requirement before reflecting carryover/prefunding balances (line 31 + line 32a + line 32b - line 33)	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement. . .	0	0
36 Additional cash requirement (line 34 minus line 35).	36	0
37 Contributions allocated toward minimum required contribution for current year, adjusted to valuation date (line 19c)	37	
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Attachment* to 2008 Schedule SB, Part V - EIN: 202378534 - PN: 001

NEVADA K, LLC--2008
DEFINED BENEFIT PENSION PLAN
PRED ER--INVESTORS GROUP NEVADA, LP

Statement of Actuarial Assumptions and Method

Plan Year: 1/1/2008 to 12/31/2008

Valuation Date: 12/31/2008

	<u>For PPA Funding</u>	<u>For Actuarial Equivalence</u>
Interest Rates		
	Segment 1 5.76%	Segment 1 4.41%
	Segment 2 6.10%	Segment 2 4.57%
	Segment 3 6.25%	Segment 3 4.27%
Pre-Retirement		
Turnover	None	None
Mortality	None	None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation
Post-Retirement		
Mortality	Male-modified RP2000 combined healthy male projected 23 & 15 yrs Female-modified RP2000 combined healthy female projected 23 & 15 yrs	2008 Applicable Mortality Table from Rev Rul 2007-67
Assumed Benefit Form For Funding		Lump Sum
Calculated Effective Interest Rate		6.09%

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Attachment 2008 Schedule SB, Part V - EIN: 202378534 N: 001

**NEVADA K, LLC--2008
DEFINED BENEFIT PENSION PLAN
PREDER--INVESTORS GROUP NEVADA, LP**

Summary of Plan Provisions
Plan Year: 1/1/2008 to 12/31/2008

Plan Effective Date	January 1, 2004
Plan Year	From January 1 to December 31
Eligibility	<p>All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:</p> <p style="padding-left: 40px;">1 year of service Minimum age 21</p>
Normal Retirement Age	<p>All participants are eligible to retire with their full retirement benefit on the later of the following:</p> <p style="padding-left: 40px;">Attainment of age 65 Completion of 5 years of participation</p>
Normal Retirement Benefit	<p>Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:</p> <p style="padding-left: 40px;">Maximum benefit is \$15,417 per month Maximum percent of salary is 100%</p> <p>Benefit is based on average salary during the highest 3 consecutive years of employment</p>
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	The normal retirement benefit described above calculated based on the salary and/or service to the date of calculation, but payable at normal retirement.
Termination Benefit	<p>Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:</p> <p style="padding-left: 40px;">Immediate 100% vesting</p> <p>Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:</p> <p style="padding-left: 40px;">Years with less than 1,000 hours</p>
Top-Heavy Minimum Benefit	Top-heavy minimum benefits are provided under another plan of the employer.

Attachment 2008 Schedule SB, Part V - EIN: 202378534 N: 001

NEVADA K, LLC--2008
DEFINED BENEFIT PENSION PLAN
PREDER--INVESTORS GROUP NEVADA, LP

Summary of Plan Provisions
Plan Year: 1/1/2008 to 12/31/2008

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Disability

Equal to present value of the accrued benefit

Form **5558**
(Rev. August 2012)Department of the Treasury
Internal Revenue Service**Application for Extension of Time
To File Certain Employee Plan Returns**► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only**Part I Identification**

A Name of filer, plan administrator, or plan sponsor (see instructions) NEVADA K, LLC Number, street, and room or suite no. (if a P.O. box, see instructions) 4077 DEAN MARTIN DR. City or town, state, and ZIP code LAS VEGAS, NV 89103	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 20-2378534 Social security number (SSN) (9 digits XXX-XX-XXXX)																		
C Plan name NEVADA K, LLC DEFINED BENEFIT PENSION PLAN	<table border="1"> <thead> <tr> <th colspan="3" data-bbox="933 556 1079 619">Plan number</th><th colspan="3" data-bbox="1079 556 1412 619">Plan year ending—</th></tr> <tr> <th data-bbox="933 619 982 672">MM</th><th data-bbox="982 619 1031 672">DD</th><th data-bbox="1031 619 1079 672">YYYY</th><th data-bbox="1079 619 1128 672">MM</th><th data-bbox="1128 619 1177 672">DD</th><th data-bbox="1177 619 1412 672">YYYY</th></tr> </thead> <tbody> <tr> <td data-bbox="933 672 982 672">0</td><td data-bbox="982 672 1031 672">0</td><td data-bbox="1031 672 1079 672">1</td><td data-bbox="1079 672 1128 672">12</td><td data-bbox="1128 672 1177 672">31</td><td data-bbox="1177 672 1412 672">2012</td></tr> </tbody> </table>	Plan number			Plan year ending—			MM	DD	YYYY	MM	DD	YYYY	0	0	1	12	31	2012
Plan number			Plan year ending—																
MM	DD	YYYY	MM	DD	YYYY														
0	0	1	12	31	2012														

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 10 / 15 / 2013 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 10 / 15 / 2013 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until / / to file Form 5330.
 You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax ►

a

- b Enter the payment amount attached ►

b

- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ►

c

- 5 State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

Cat. No. 12005T

Form **5558** (Rev. 8-2012)

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2012 This Form Is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description) _____

Part II Basic Plan Information—enter all requested information											
1a Name of plan NEVADA K, LLC DEFINED BENEFIT PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2004</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 20-2378534</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number (702) 303-6363</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 531390</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 01/01/2004		2b Employer Identification Number (EIN) 20-2378534		2c Sponsor's telephone number (702) 303-6363		2d Business code (see instructions) 531390	
1b Three-digit plan number (PN) ►	001										
1c Effective date of plan 01/01/2004											
2b Employer Identification Number (EIN) 20-2378534											
2c Sponsor's telephone number (702) 303-6363											
2d Business code (see instructions) 531390											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) NEVADA K, LLC 4077 DEAN MARTIN DR. LAS VEGAS, NV 89103											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			SIMON K. SHAKIB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2012)
v. 120126

Form 5500 (2012)

Page 2

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address		3b Administrator's EIN
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number
5 Total number of participants at the beginning of the plan year		4b EIN
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		4c PN
a Active participants.....		5 3
b Retired or separated participants receiving benefits.....		6a 3
c Other retired or separated participants entitled to future benefits.....		6b 0
d Subtotal. Add lines 6a, 6b, and 6c.....		6c 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6d 3
f Total. Add lines 6d and 6e.....		6e 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6f 3
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6g
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		6h 0
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1G 1I 3D		7
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input checked="" type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

SCHEDULE I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan NEVADA K, LLC DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEVADA K, LLC		D Employer Identification Number (EIN) 20-2378534

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	1a	697072	697072
b Total plan liabilities.....	1b	0	0
c Net plan assets (subtract line 1b from line 1a).....	1c	697072	697072
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	0	
(2) Participants.....	2a(2)	0	
(3) Others (including rollovers)	2a(3)	0	
b Noncash contributions.....	2b	0	
c Other income.....	2c	0	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c).....	2d		0
e Benefits paid (including direct rollovers)	2e	0	
f Corrective distributions (see instructions)	2f	0	
g Certain deemed distributions of participant loans (see instructions)	2g	0	
h Administrative service providers (salaries, fees, and commissions)	2h	0	
i Other expenses.....	2i	0	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i).....	2j		0
k Net income (loss) (subtract line 2j from line 2d).....	2k		0
l Transfers to (from) the plan (see instructions).....	2l		0

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests.....	3a		X	
b Employer real property.....	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities.....	3d		X	
e Participant loans.....	3e		X	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

Schedule I (Form 5500) 2012
v. 120126

Schedule I (Form 5500) 2012

Page **2** of **1**

	Yes	No	Amount
3f Loans (other than to participants)		X	
g Tangible personal property		X	

Part II Compliance Questions

	Yes	No	Amount
4 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See Instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
e Was the plan covered by a fidelity bond?		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See Instructions on waiver eligibility and conditions.)	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year: ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See Instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

Part III Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan NEVADA K, LLC DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEVADA K, LLC		D Employer Identification Number (EIN) 20-2378534
Part I Distributions All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II Funding Information (if the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.		<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No
Part IV ESOPs (see Instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See Instructions for definition of "back-to-back" loan.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?		<input type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500.

Schedule R (Form 5500) 2012
v. 120126

Schedule R (Form 5500) 2012

Page 2 - 1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		

Schedule R (Form 5500) 2012

Page 3

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year.....	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans


- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u> Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan NEVADA K, LLC DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NEVADA K, LLC		D Employer Identification Number (EIN) 20-2378534
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		
Part I Basic Information		
1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2012</u>		
2 Assets:		
a Market value		2a 697072
b Actuarial value		2b 697072
3 Funding target/participant count breakdown:		
a For retired participants and beneficiaries receiving payment		(1) Number of participants 0 (2) Funding Target 0
b For terminated vested participants		0
c For active participants:		
(1) Non-vested benefits		0
(2) Vested benefits		365256
(3) Total active		365256
d Total		365256
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions		4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b
5 Effective interest rate		5 7.11 %
6 Target normal cost		6 6290
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE	 Signature of actuary Thomas P Adams Type or print name of actuary Adams Pension Services Firm name 812 Battle Street Webster, NH 03303 Address of the firm	10/13/2013 Date 11-02031 Most recent enrollment number (603) 648-2545 Telephone number (including area code)
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions <input type="checkbox"/>		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2012 v. 120126		

Schedule SB (Form 5500) 2012

Page 2 - 1

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 36 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 0.00 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b Interest on (a) using prior year's effective interest rate of % except as otherwise provided (see instructions)		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	190.84 %
15	Adjusted funding target attainment percentage	15	147.37 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	164.77 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)		18(c)

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Schedule SB (Form 5500) 2012

Page 3

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.62 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 67
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.		27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	6290
b Excess assets, if applicable, but not greater than line 31a		31b	6290
32 Amortization Installments:			
a Net shortfall amortization installment		Outstanding Balance	Installment
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		0
40 Unpaid minimum required contributions for all years	40		0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years			
b Eligible plan year(s) for which the election in line 41a was made <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011			
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Attachment to 2012 Schedule SE Line 22 - Description of Weighted Average Retirement Age EIN: 20--2378534 PN: 001

NEVADA K, INC.
DEFINED BENEFIT PENSION PLAN

Weighted Average Retirement Age
Plan Year: 1/1/2012 to 12/31/2012
Valuation Date: 12/31/2012

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65
Completion of 5 years of participation service

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 67

Attachment to 2012 Schedule SB, Part V - EIN: 20--2378534 PN: 001

NEVADA K, INC.
DEFINED BENEFIT PENSION PLAN

Summary of Plan Provisions
Plan Year: 1/1/2012 to 12/31/2012
Valuation Date: 12/31/2012

Plan Effective Date	January 1, 2004
Plan Year	From January 1 to December 31
Eligibility	<p>All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:</p> <p style="margin-left: 40px;">1 year of service Minimum age 21</p>
Normal Retirement Age	<p>All participants are eligible to retire with their full retirement benefit on the later of the following:</p> <p style="margin-left: 40px;">Attainment of age 65 Completion of 5 years of participation</p>
Normal Retirement Benefit	<p>Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:</p> <p style="margin-left: 40px;">Maximum benefit is \$16,667 per month Maximum percent of salary is 100%</p> <p>Benefit is based on average salary during the highest 3 consecutive years of employment</p>
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.
Termination Benefit	<p>Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:</p> <p style="margin-left: 40px;">Immediate 100% vesting</p> <p>Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:</p> <p style="margin-left: 40px;">Years with less than 1,000 hours</p>

Attachment to 2012 Schedule SB, Part V - EIN: 20--2378534 PN: 001

NEVADA K, INC.
DEFINED BENEFIT PENSION PLAN

Summary of Plan Provisions

Plan Year: 1/1/2012 to 12/31/2012

Valuation Date: 12/31/2012

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Disability

Equal to present value of the accrued benefit

Attachment to 2012 Schedule SB, Part V - EIN: 20--2378534 PN: 001

NEVADA K, INC.
DEFINED BENEFIT PENSION PLAN

Statement of Actuarial Assumptions and Method

Plan Year: 1/1/2012 to 12/31/2012

Valuation Date: 12/31/2012

	<u>For Funding</u>		<u>For Actuarial Equivalence</u>
	<u>Min</u>	<u>Max</u>	
Interest Rates	Seg 1	5.54% 1.75%	Seg 1 1.00%
	Seg 2	6.85% 4.62%	Seg 2 3.57%
	Seg 3	7.52% 5.72%	Seg 3 4.77%
	<u>AFTAP</u>		
	Seg 1	1.75%	
	Seg 2	4.62%	
	Seg 3	5.72%	
Pre-Retirement			
Turnover	None		None
Mortality	None		None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation		Normal retirement age 65 and 5 years of participation
Post-Retirement			
Mortality	2012 Applicable Mortality Table from Rev Rul 2007-67		2012 Applicable Mortality Table from Rev Rul 2007-67
Assumed Benefit Form For Funding			Lump Sum
Calculated Effective Interest Rate			7.11%

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

NEVADA K, INC.
DEFINED BENEFIT PENSION PLAN

Adjusted Funding Target Attainment Percentage (AFTAP)
 Certification for 2013 Plan Year
 Valuation Date: 12/31/2012

Plan Effective Date: January 1, 2004

EIN: 20--2378534 PN: 001

1. Funding Target without regard to at-risk	\$466,711
2. Target Normal Cost without regard to at-risk	7,429
3. Actuarial Value of Assets	697,072
4. Pre-Contributions	0
5. Interest on Pre-Contributions	0
6. Discounted Contributions made after Valuation Date	0
7. Carryover Balance	0
8. Prefunding Balance	0
9. Annuity Purchases for NHCEs in Prior Two Years	0
10. Funding Percentage for IRC Section 436(j)(3) $(3+4+5+6)/(1+2)$	147.01%
11. Item 10 at least 100%?	Yes
12. Certified Adjusted Funding Target Attainment Percentage $(3+4+5+6+9)/(1+2)$	147.01%

Disclosures

IRC Section 436(f) Contributions Included in Assets	\$0
Benefit Increase Amendments for HCEs in Prior Two Years?	No

Based on information received from the Plan Administrator, I hereby certify that the above is true and accurate to the best of my knowledge. The plan sponsor elected not to use MAP-21 rates for AFTAP purposes.

Certified by:


 Thomas P Adams

Date 10/13/13

1102031

Enrollment Number